RECEIVED CENTER

LUN 25 West

ALLEN
DYER
DOPPELT
MILBRATH &
GILCHRIST, P.A.
INTELLECTUAL PROPERTY ATTORNEYS

Orlando Office (Main) 255 South Orange Ave. Suite 1401 Orlando, Florida 32801 Mail To: P.O. Box 3791

Orlando, Florida 32802

Tel: 407-841-2330 Fax: 407-841-2343 Jacksonville Office 1301 Riverplace Blvd. Suite 1916 Jacksonville, Florida 32207

Tel: 904-398-7000 Fax: 904-398-7003 Melbourne Office 1901 S. Harbor City Blvd. Suite 507 Melbourne, Florida 32901

Tel: 321-725-4760 Fax: 321-984-7078

FAX COVERSHEET

TO: EXAMINER OMGBA (U.S. PATENT AND TRADEMARK OFFICE)	
CLIENT NUMBER: 42242	
TELEPHONE: <u>571-272-4532</u>	FAX: <u>571-273-8300</u>
FROM: MICHAEL W. TAYLOR, ESO.	
DATE: June 25, 2009	
NUMBER OF PAGES (INCLUDING COVER SHEET):	
COMMENTS/INSTRUCTIONS:	

Re: U.S. Patent Application Serial No. 10/538,019

Attached are the following documents:

- 1. Amendment Transmittal
- 2. Amendment (Official Action of March 25, 2009)

NOTE: The information in this facsimile transmission is intended only for the personal and confidential use of the designated recipient(s) named above. This message may be an attorney-client communication and as such is privileged.

If the reader of this message is not the intended recipient named above, you are notified that you have received this document in error, and any review, dissemination, distribution or copying of this message is strictly prohibited.

If you have received this document in error, please notify this office immediately via telephone, and return the original message to the above address by mail. Thank you.

IF YOU DO NOT RECEIVE ALL OF THE PAGES OR ENCOUNTER DIFFICULTIES IN TRANSMISSION, PLEASE CONTACT THE RECEPTIONIST IMMEDIATELY AT (407) 841-2330

JUN 2 5 2009

Case No. 42242

Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

In re Application of:

TOWNSEND

Serial No .:

10/538,019

Confirmation No.

8881

Filed:

June 7, 2005

For:

AUTOMATED PALLET INSPECTION AND REPAIR

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] No additional fee is required.

[X]

The Commissioner is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Account No. 01-0484.

This application is associated with Customer No. 38505. [X]